



## City of Fairfax

*Fire Department*  
*Office of Code Administration*  
*10455 Armstrong Street #208*  
*Fairfax VA, 22030*  
**703-385-7830 fax 703-385-9265**  
[www.FairfaxVA.gov](http://www.FairfaxVA.gov)

### REQUEST FOR AMENDMENT TO EXISTING PERMIT

DATE: \_\_\_\_\_

REFERENCE: PERMIT NUMBER \_\_\_\_\_

JOB LOCATION: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

VA STATE CONTRACTOR LICENSE NUMBER: \_\_\_\_\_ Expires: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

#### AMENDMENT REQUEST FOR:

\_\_\_\_\_ Change house type from model \_\_\_\_\_ to model \_\_\_\_\_  
\_\_\_\_\_ Finish Basement  
\_\_\_\_\_ Deck / porch / sunroom added  
\_\_\_\_\_ Garage / carport added  
\_\_\_\_\_ Garage / carport deleted  
\_\_\_\_\_ Other \_\_\_\_\_

ESTIMATED ADDITIONAL COST DUE TO CHANGE: \$ \_\_\_\_\_

#### SUPPORTING DOCUMENTATION SUBMITTED:

\_\_\_\_\_ REVISED PLAT  
\_\_\_\_\_ REVISED CONSTRUCTION PLANS  
\_\_\_\_\_ REVISED SITE PLANS  
\_\_\_\_\_ REVISED GRADING PLAN

**\*\* ATTENTION: PERMIT MAY BE AMENDED ONLY BY THE PERMIT HOLDER \*\***

SIGNATURE OF APPLICANT: \_\_\_\_\_

CONTACT NAME : (Please Print) \_\_\_\_\_

CONTACT PHONE (or fax/e-mail) \_\_\_\_\_ extension \_\_\_\_\_

AMENDMENT APPROVED: PLAN REVIEW \_\_\_\_\_ DATE: \_\_\_\_\_  
HEALTH DEPT REVIEW \_\_\_\_\_ DATE: \_\_\_\_\_  
ZONING REVIEW \_\_\_\_\_ DATE: \_\_\_\_\_

TIME OF PLAN REVIEW: \_\_\_\_\_ WALK-IN \_\_\_\_\_ ADDITIONAL FEE: \_\_\_\_\_ INVOICE # \_\_\_\_\_